

## ADOPTION SUPPORT WORKSHEET

<b>TYPE:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Revised				
NAME OF CHILD		NAME OF ADOPTIVE PARENTS		DATE
<b>SECTION I - CHILD'S SPECIAL NEEDS AND ANTICIPATED EXPENSE</b>				
<input type="checkbox"/> Physical/Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Other	EXPENSE ANTICIPATED	TOTAL MONTHLY EXPENSE
<input type="checkbox"/> Care/Supervision	<input type="checkbox"/> Emotional/Therapeutic		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list specific services required to care for your child's current special needs and the average monthly expense (if more space is needed, please use back of form).				
<b>SECTION II – FAMILY AND COMMUNITY RESOURCES</b> (Please read questions on instruction sheet before completing this section)				
FAMILY CONTRIBUTIONS				
LIST RESOURCES AVAILABLE TO MEET THE SPECIAL NEEDS OF YOUR CHILD				
<input type="checkbox"/> Division of Developmental Disabilities (DDD)		<input type="checkbox"/> Supplemental Security Income (SSI) (disabled child)		
<input type="checkbox"/> Social Security Administration (SSA)		<input type="checkbox"/> Child's inheritance		
<input type="checkbox"/> Other (specify: _____)				
Child will be added to parent(s) insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No    (If no, state reason. If yes, please list name of insurance(s).)				
<b>SECTION III - FAMILY CIRCUMSTANCES</b>				
NUMBER OF CHILDREN TO BE ADOPTED	NUMBER OF DEPENDENTS		CURRENT FAMILY INCOME (Taxable and non-taxable)	
Adoption Tax Credit Anticipated <input type="checkbox"/> Yes <input type="checkbox"/> No		FAMILY'S BASIC MONTHLY EXPENSES		
COMMENTS (Please read questions on instruction sheet before completing this section).		MORTGAGE/RENT	CAR(S) PAYMENT	GROCERIES
		OUT-OF-ORDINARY EXPENSES		
		EDUCATION		HOSPITALIZATION
		ELDERLY DEPENDENT		OTHER
<b>SECTION IV – REQUESTED BENEFITS</b>				
<input type="checkbox"/> Monthly Subsidy <input type="checkbox"/> Counseling <input type="checkbox"/> Medical <input type="checkbox"/> Non-recurring Costs				
<b>SECTION V – NEGOTIATED AGREEMENT (To be completed by Adoption Support Program Manager)</b>				
AGREED PAYMENT	REVIEW INTERVAL		NON-RECURRING COSTS APPROVED	
DECISION NOTES				

## INSTRUCTIONS FOR COMPLETING WORKSHEET

The purpose of the worksheet is to facilitate the negotiation process between Children's Administration staff and the adoptive parent. The overall negotiation process is based on the needs of the child and the circumstances of the family. If requesting a monthly subsidy, the **worksheet must be submitted** with the initial application and as appropriate with requests for revisions or renegotiation of the agreement.

**PLEASE COMPLETE A WORKSHEET FOR EVERY CHILD BEING ADOPTED.**

### **SECTION I – CHILD'S SPECIAL NEEDS AND ANTICIPATED EXPENSE**

- Please check if your child has one or more of the special needs as listed. Please check **only** those boxes related to the child's identified special needs.
- Please indicate if you expect to have out-of-pocket expenses related to your child's special needs. If you do not expect to have any out-of-pocket expenses, check "No".
- If yes, please indicate the average amount you will have to pay per month for services related to your child's special need(s).

### **SECTION II – FAMILY CONTRIBUTIONS AND COMMUNITY RESOURCES**

Family Contributions:

- How much of your family's income will be available to cover the monthly out-of-pocket expenses related to your child's special needs? Please enter the amount in the box marked "Family Contributions."

Community Resources:

- Please list ALL community resources that have been explored to assist with the cost of your child's special needs. Your social worker may be able to assist you with finding resources in your community.

Insurance

- Please indicate if your child will be added to your insurance. If not, please state why. If yes, please state name of insurance(s).

### **Section III – Family Circumstances**

Please enter the following:

- The number of child(ren) to be adopted.
- Number of dependents (not foster children).
- Your current family income as shown on your IRS 1040 (last year filed).
- Are you aware there is a federal tax credit that can help your family reduce the taxes you might owe to the IRS over the next five years? ☐ Yes ☐ No
- Did you have to pay taxes to the IRS last year? ☐ Yes ☐ No
- During this year, did you make a change to the W-2 form you have filed with your employer, which might make a change in your taxes this year? ☐ Yes ☐ No
- Do you think you might owe taxes to the IRS this year? ☐ Yes ☐ No If you might owe taxes this year, the federal adoption tax credit might help you reduce your taxes this year and for the next four years. Please list the basic household expenses and the out-of-ordinary expenses your family has.

### **Section IV – Requested Benefits**

Please indicate the services you are requesting from the Adoption Support Program.

### **Section V – Negotiated Agreement (To be completed by Adoption Support Program Manager).**

To be filled out by the Adoption Support Program Manager.